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PINE VIEW CARE CENTER 400 PINE VIEW ROAD BLACK RIVER FALLS 54615 Phone: (715) 284-5396 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 141 Title 18 (Medicare) Certified? Yes

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County: Jackson

Total Licensed Bed Capacity (12/31/00):

Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 9	More Than 4 Years	33. 1
Day Services	No	Mental Illness (Org./Psy)	28. 7	65 - 74	6.6		
Respite Care	No	Mental Illness (Other)	2. 9	75 - 84	30. 9		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.6	****************	******
Adult Day Health Care No		Para-, Quadra-, Hemi plegi c	0. 7	95 & 0ver	16. 9	Full-Time Equivalen	t
Congregate Meals No   Cancer		Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	19. 1	65 & 0ver	97. 1		
Transportation	Yes	Cerebrovascul ar	5. 9			RNs	12. 0
Referral Service	No	Diabetes	3. 7	Sex	%	LPNs	5. 5
Other Services	Yes	Respi ratory	5. 9			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	31.6	Male	23. 5	Aides & Orderlies	45. 7
Mentally Ill	No			Female	76. 5		
Provide Day Programming for	İ		100.0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private Pay					Pay Managed Care					
		(1111)	Per Die		(11 61 6	Per Die	m	ULII	Per Die		Ivace	Per Diem		0	n care Per Diem	Total	Percent Of All
Level of Care	No.	%		No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	3. 4	\$113.65	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	2. 2%
Skilled Care	4	100. 0	\$255.06	73	83. 0	\$96. 86	0	0. 0	\$0.00	26	59. 1	\$126.50	0	0. 0	\$0.00	103	75. 7%
Intermediate				12	13.6	\$80. 07	0	0.0	\$0.00	18	40. 9	\$114.00	0	0. 0	\$0.00	30	22. 1%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100. 0		88	100. 0		0	0.0		44	100.0		0	0. 0		136	100. 0%

PINE VIEW CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces	s, and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	12. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 3	Bathi ng	0. 0		62. 5	37. 5	136
Other Nursing Homes	18. 2	Dressi ng	10. 3		64. 0	25. 7	136
Acute Care Hospitals	<b>54</b> . <b>5</b>	Transferri ng	19. 9		<b>52. 2</b>	27. 9	136
Psych. HospMR/DD Facilities	0.0	Toilet Use	19. 1		47. 8	33. 1	136
Rehabilitation Hospitals	0.0	Eating	55. 1		28. 7	16. 2	136
Other Locations	12. 5	************	******	******	********	**********	*******
Total Number of Admissions	88	Continence		%	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.5	Recei vi ng	Respiratory Care	8. 1
Private Home/No Home Health	16. 3	0cc/Freq. Incontine	nt of Bladder	53. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	20. 9	0cc/Freq. Incontine	nt of Bowel	23. 5	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	3. 5	1			Recei vi ng	Ostomy Care	1. 5
Acute Care Hospitals	12.8	Mobility			Recei vi ng	Tube Feeding	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	5. 9	Recei vi ng	Mechanically Altered Diets	13. 2
Rehabilitation Hospitals	0.0	ĺ				-	
Other Locations	2.3	Skin Care			Other Reside	ent Characteristics	
Deaths	44. 2	With Pressure Sores		2. 9	Have Advar	nce Directives	72. 1
Total Number of Discharges		With Rashes		4. 4	Medi cati ons		
(Including Deaths)	86	İ			Recei vi ng	Psychoactive Drugs	<b>56</b> . <b>6</b>

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		0wn	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Gov	ernment	100-	- 199	Ski	lled	Al l	[
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 5	87. 0	1. 11	82.6	1. 17	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	84. 6	75.8	1. 12	79. 7	1.06	76. 2	1. 11	77. 5	1.09
Admissions from In-County, Still Residing	33. 0	28. 9	1. 14	22. 3	1. 48	22. 2	1.48	21.5	1. 53
Admissions/Average Daily Census	64. 7	81. 9	0. 79	126. 4	0. 51	112. 3	0. 58	124. 3	0. 52
Discharges/Average Daily Census	63. 2	83. 2	0. 76	127. 9	0.49	112. 8	0. 56	126. 1	0. 50
Discharges To Private Residence/Average Daily Census	23. 5	32. 1	0.73	52. 7	0. 45	44. 1	0. 53	49. 9	0.47
Residents Receiving Skilled Care	77. 9	88. 8	0.88	89. 2	0.87	89. 6	0.87	83. 3	0.94
Residents Aged 65 and Older	97. 1	89. 7	1.08	95. 1	1.02	94. 3	1.03	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	64. 7	69. 4	0. 93	70. 7	0. 92	70. 1	0. 92	69. 0	0.94
Private Pay Funded Residents	32. 4	20. 1	1.61	19. 5	1.66	21. 4	1.51	22.6	1.43
Developmentally Disabled Residents	0. 0	0.8	0.00	0.9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	31. 6	47. 5	0.67	36. 3	0.87	39. 6	0.80	33. 3	0. 95
General Medical Service Residents	31. 6	15. 2	2.08	19. 1	1.66	17. 0	1.86	18. 4	1.72
Impaired ADL (Mean)	<b>54</b> . <b>0</b>	50. 7	1.06	48. 4	1. 12	48. 2	1. 12	49. 4	1.09
Psychological Problems	<b>56</b> . <b>6</b>	<b>58.</b> 0	0. 98	49. 3	1. 15	50.8	1. 11	50. 1	1. 13
Nursing Care Required (Mean)	4. 0	6. 9	0. 57	6. 5	0.60	6. 7	0. 59	7. 2	0. 55